## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002681 1. Entity Name HACKLEY, BERNSTEIN AND OSBERG-BRAUN, P.L. co 57 25 AM 9: 26 SECRETARY OF STATE TELL ARASSEE, FLORIDA Principal Place of Business Mailing Address 2875 N.E. 191ST STREET. PENTHOUSE 1B 2875 N.E. 191ST STREET. PENTHOUSE 1B **AVENTURA FL 33180** AVENTURA FL 33180 3. Mailing Address 2. Principal Place of Business 191sts treet 2875 NE 2875 NE 1915|Street Suite, Apt. #, etc. 500 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 500 Applied For City & State City & State 4. FEI Number AVENTURA, FL AVENTURA FL 65-0874619 Not Applicable Country USA 33180 \$5.00 Additional 5. Certificate of Status Desired 33180 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGER A. BERNSTEIN BERNSTEIN, ROGER A Box Number is Not Acceptable) 500 2875 N.E. 191ST STREET, PENTHOUSE 1B **AVENTURA FL 33180** AVENTURA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Addition Change MGRM ☐ Delete TITLE TITLE BERNSTEIN, ROGER A NAME 2875 NE 191 ST Street SUITE SOO STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST STREET, PENTHOUSE 1B AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-ZIE **AVENTURA FL 33180** ☐ Addition Change ☐ Delete TITLE TITLE **MGRM** NAME NAME HACKLEY, M. KEIL 2875 NE 191 St Street Suite SOO STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST STREET, PENTHOUSE 1B Aventura F133180 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Delete TITE F TITLE NAME NAME OSBERG-BRAUN, LINDA 2875 NE 191st. Street Suite soo STREET ADDRESS STREET ADDRESS 2875 N.E. 191ST STREET, PENTHOUSE 1B-Aventura fl. 33180 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** Change ☐ Addition TITLE ☐ Delete TITLE 000003343150---3 NAME NAME --03/02/00---01009---017.... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*\*50,00 \*\*\*\*50.00 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

EQULINDA OSBERG-BRAUN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**APPROVED** 

CR2E083 (5/00)